



STATE OF MARYLAND

# DHMH

**Maryland Department of Health and Mental Hygiene**  
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**May 16, 2011**

## **Public Health & Emergency Preparedness Bulletin: # 2011:18** **Reporting for the week ending 05/07/11 (MMWR Week #18)**

### **CURRENT HOMELAND SECURITY THREAT LEVELS**

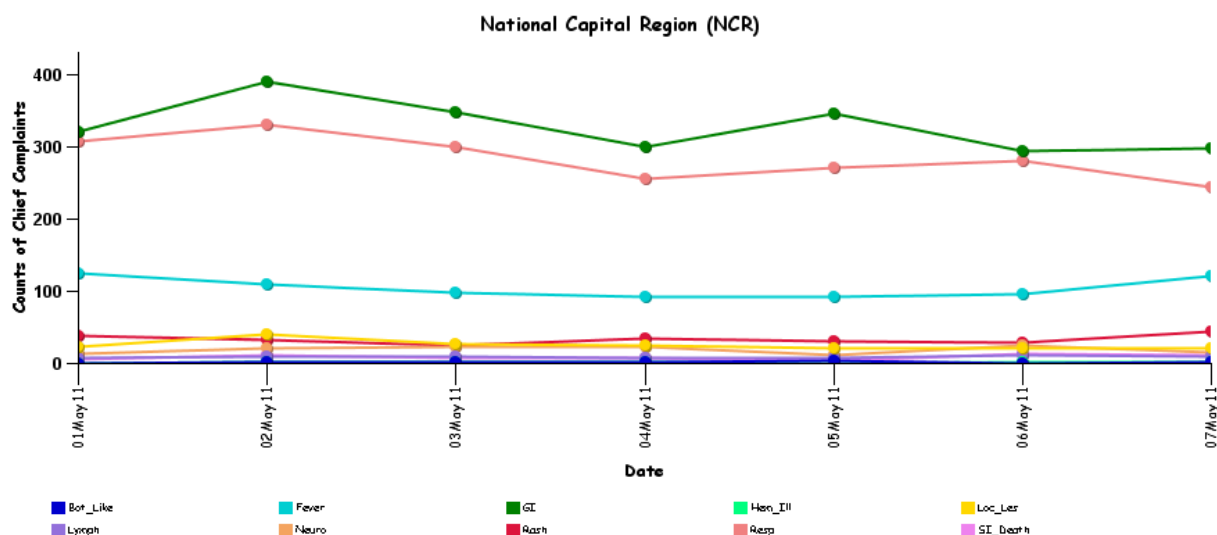
**National:** No Active Alerts  
**Maryland:** Level One (MEMA status)

### **SYNDROMIC SURVEILLANCE REPORTS**

**ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):**

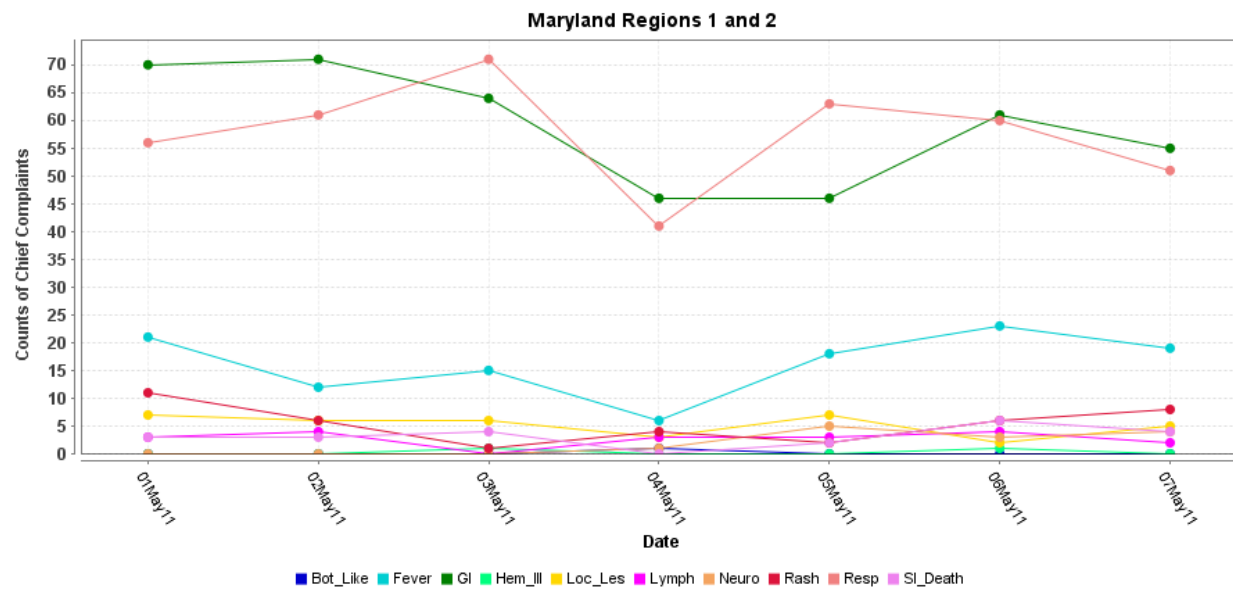
Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Red alerts are generated when observed count for a syndrome exceeds the 99% confidence interval. Note: ESSENCE – ANCR uses syndrome categories consistent with CDC definitions.

Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.

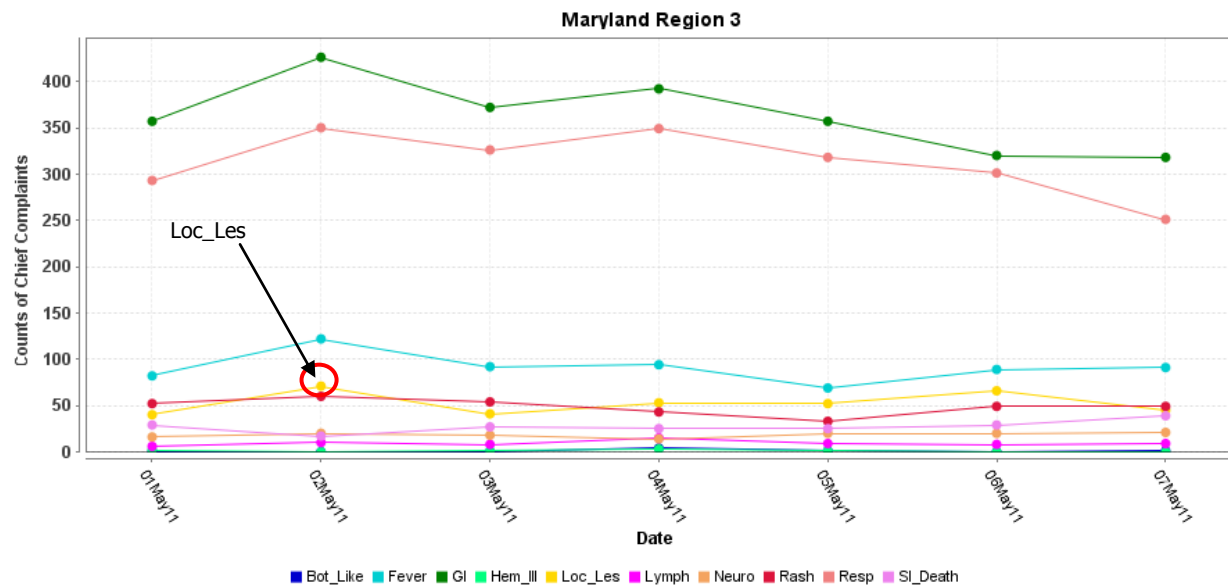


\*Includes EDs in all jurisdictions in the NCR (MD, VA, and DC) reporting to ESSENCE

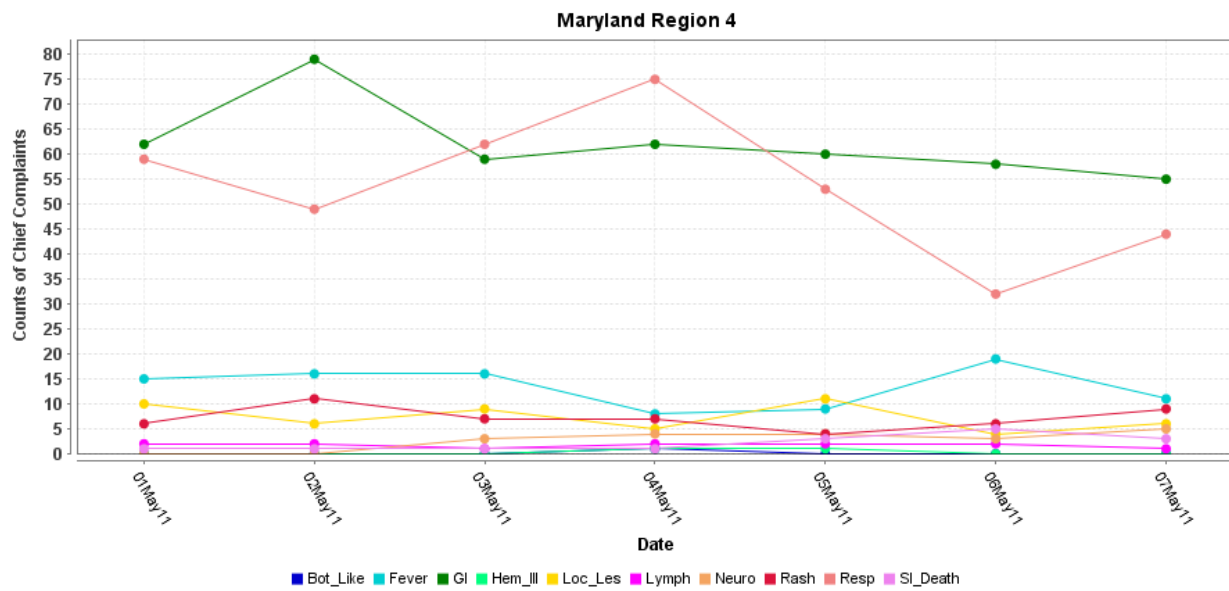
## MARYLAND ESSENCE:



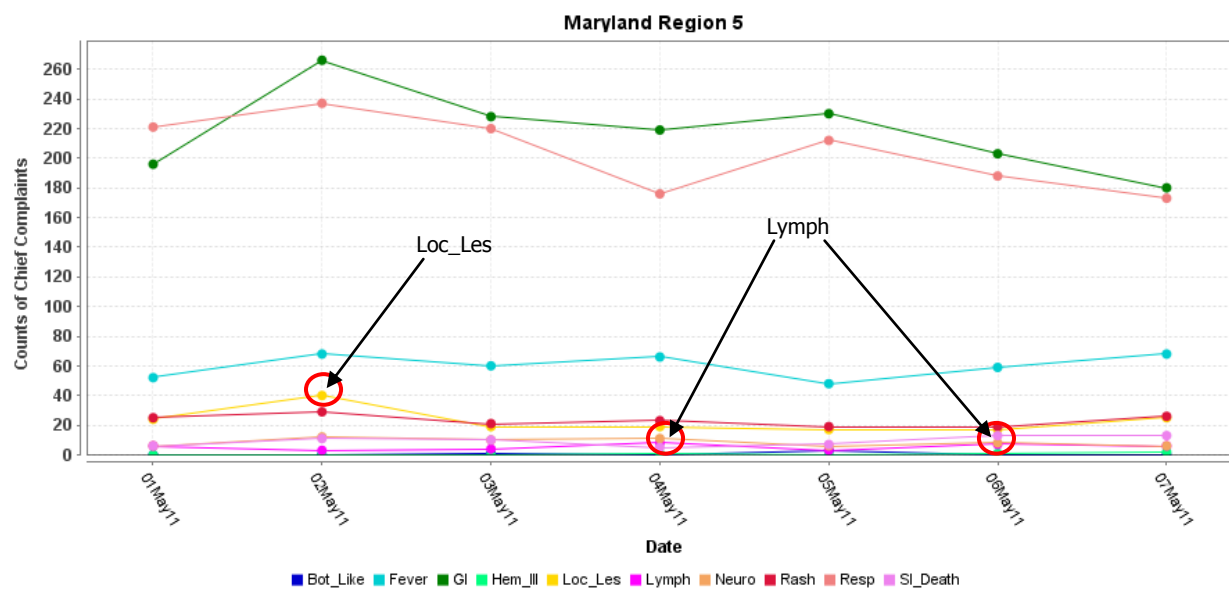
\* Region 1 and 2 includes EDs in Allegany, Frederick, Garrett, and Washington counties reporting to ESSENCE



\* Region 3 includes EDs in Anne Arundel, Baltimore City, Baltimore, Carroll, Harford, and Howard counties reporting to ESSENCE



\* Region 4 includes EDs in Cecil, Dorchester, Kent, Somerset, Talbot, Wicomico, and Worcester counties reporting to ESSENCE

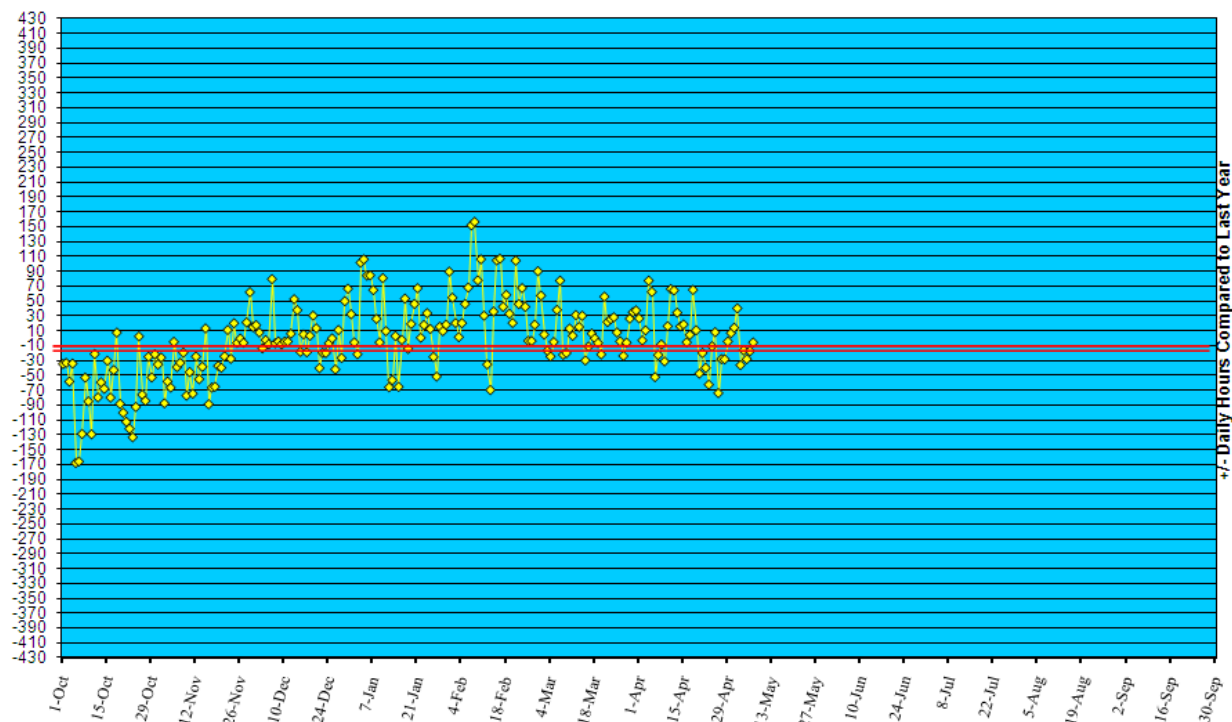


\* Region 5 includes EDs in Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties reporting to ESSENCE

## REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

**YELLOW ALERT TIMES (ED DIVERSION):** The reporting period begins 10/01/10.

### Statewide Yellow Alert Comparison Daily Historical Deviations October 1, '10 to May 7, '11



## REVIEW OF MORTALITY REPORTS

**Office of the Chief Medical Examiner:** OCME reports no suspicious deaths related to an emerging public health threat for the week.

## MARYLAND TOXIDROMIC SURVEILLANCE

**Poison Control Surveillance Monthly Update:** Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in April 2011 did not identify any cases of possible public health threats.

## REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

### COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

#### Meningitis:

New cases (May 1 – May 7, 2011):  
Prior week (April 24 – April 30, 2011):  
Week#17, 2010 (May 2 – May 8, 2010):

#### Aseptic

11  
3  
13

#### Meningococcal

0  
0  
0

**3 outbreaks were reported to DHMH during MMWR Week 18 (May 1-7, 2011).**

## **2 Gastroenteritis outbreaks**

1 outbreak of GASTROENTERITIS in a Nursing Home  
1 outbreak of GASTROENTERITIS in a Hospital

## **1 Rash illness outbreak**

1 outbreak of SCABIES in an Assisted Living Facility

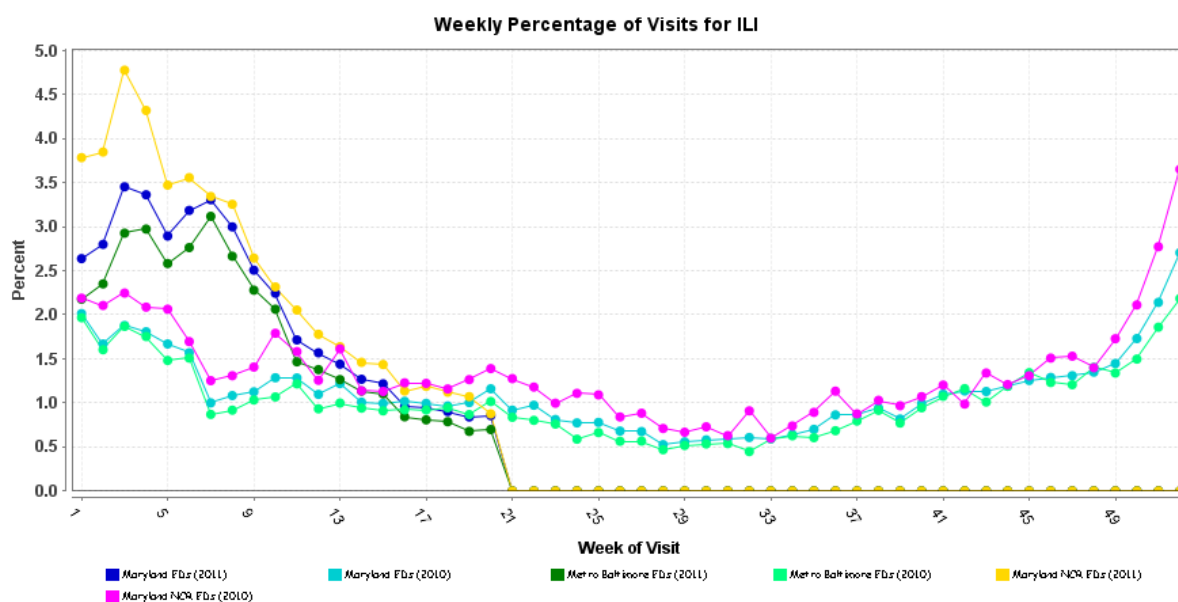
## **MARYLAND SEASONAL FLU STATUS**

Seasonal Influenza reporting occurs October through May. Seasonal influenza activity was SPORADIC for Week 18.

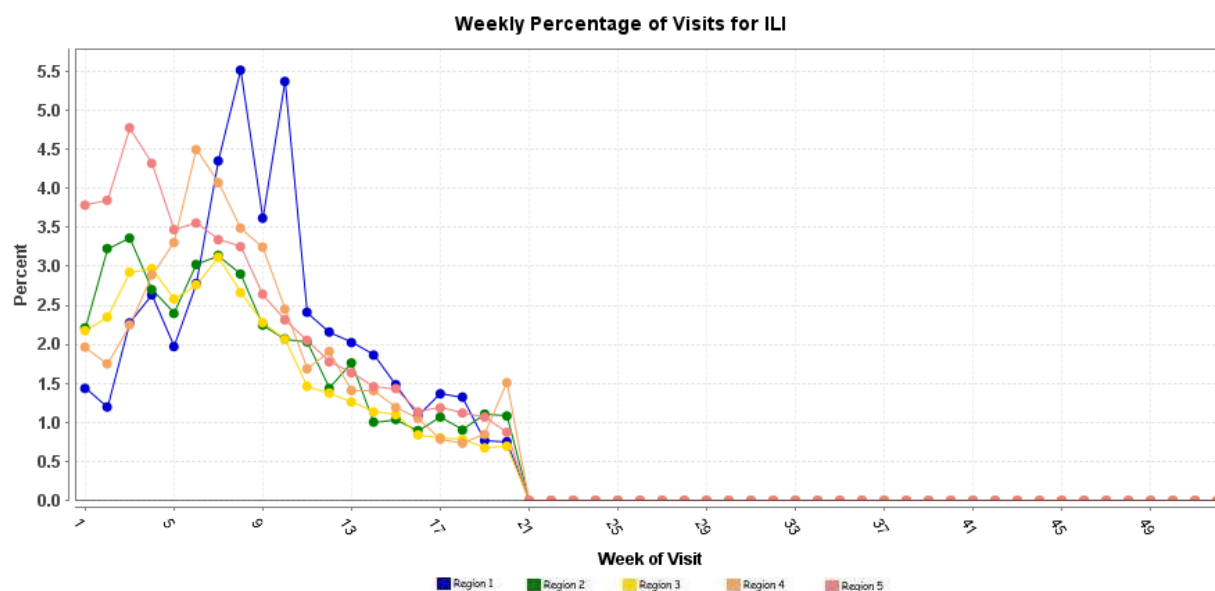
## **SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS**

Graphs show the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. These graphs do not represent confirmed influenza.

Graphs show proportion of total weekly cases seen in a particular syndrome/subsyndrome over the total number of cases seen. Weeks run Sunday through Saturday and the last week shown may be artificially high or low depending on how much data is available for the week.



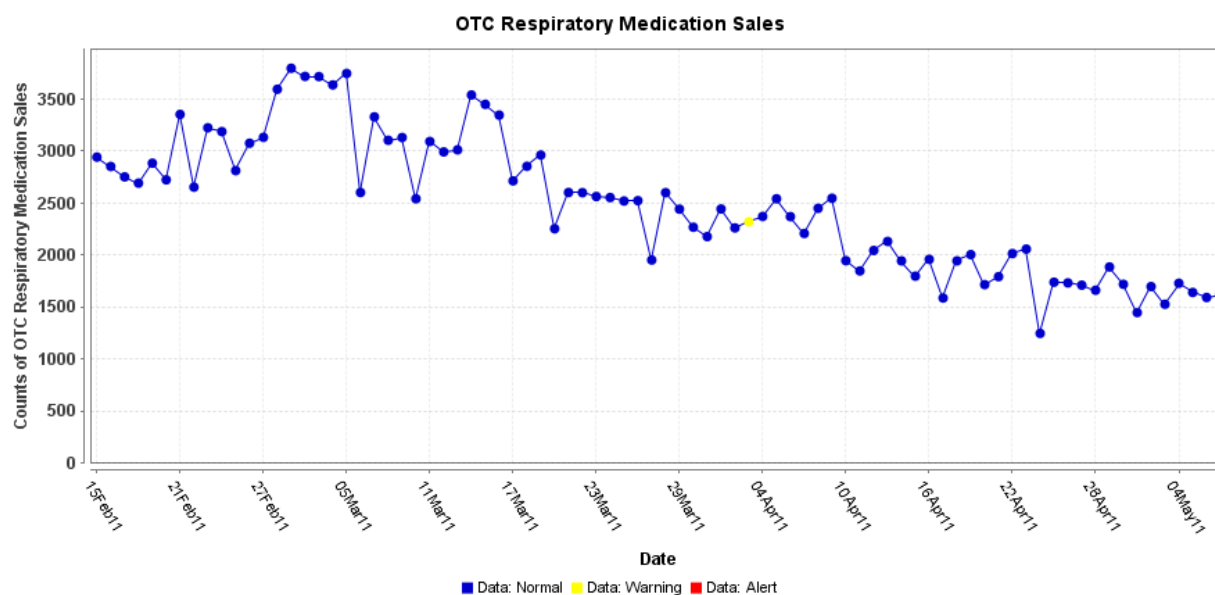
\* Includes 2010 and 2011 Maryland ED visits for ILI in Metro Baltimore (Region 3), Maryland NCR (Region 5), and Maryland Total



\*Includes 2011 Maryland ED visits for ILI in Region 1, 2, 3, 4, and 5

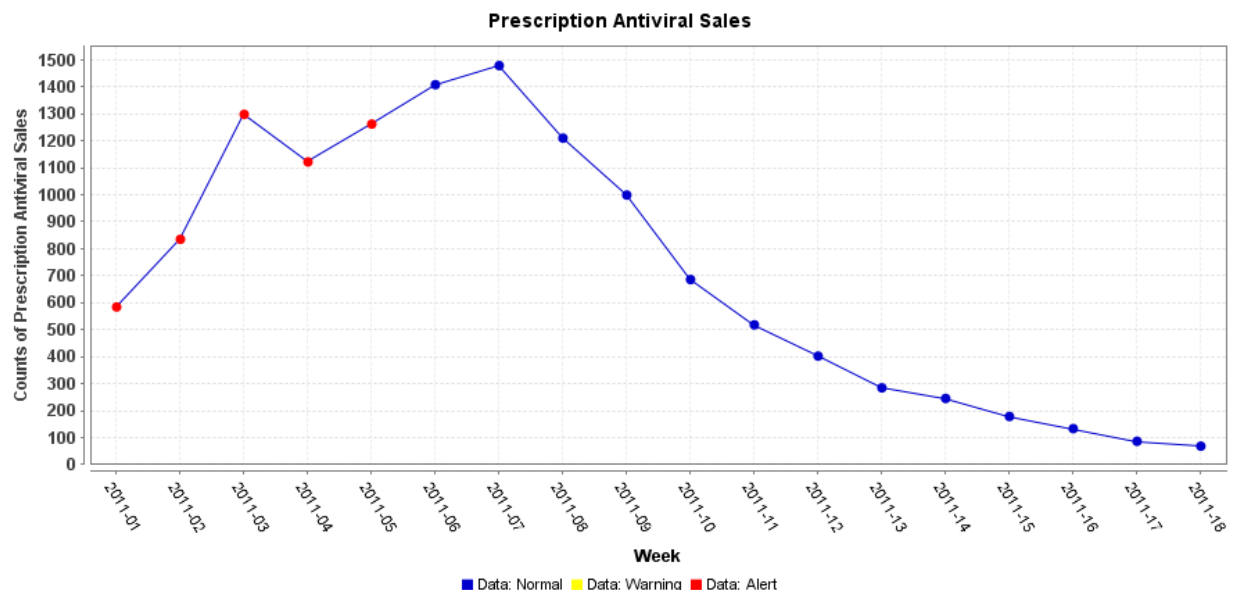
#### OVER-THE-COUNTER (OTC) SALES FOR RESPIRATORY MEDICATIONS:

Graph shows the daily number of over-the-counter respiratory medication sales in Maryland at a large pharmacy chain.



## **PRESCRIPTION ANTIVIRAL SALES:**

Graph shows the weekly number of prescription antiviral sales in Maryland.



## **PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS**

**WHO update:** The current WHO phase of pandemic alert for avian influenza is 3. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

In **Phase 3**, an animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic.

As of April 21, 2011, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 552, of which 322 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 58%.

## **NATIONAL DISEASE REPORTS**

There were no national disease reports for Week 18.

## **INTERNATIONAL DISEASE REPORTS**

**BRUCELLOSIS (RUSSIA):** 05 May 2011, The number of infected farm workers in Bashkortostan has increased to 12 from previously reported 7 cases. The regional Rospotrebnadzor [Federal Service for Consumer Protection and Human Welfare] official has informed that the source of infections were cattle imported from Kalmykia without proper documentation and veterinary control measures. All farm animals, around several hundreds head of cattle, have been forwarded to the slaughterhouse. Initially, it was expected to use the meat of the animals for processing after proper thermal treatment; however, the director of the local meat processing factory has refused to do so and dropped all the responsibility for dealing with the infected meat. (Brucellosis is listed in Category B on the CDC List of Critical Biological Agents) \*Non-suspect case

**E. COLI VTEC NON-O157 (JAPAN):** 04 May 2011, A woman died Wednesday of food poisoning linked to a raw meat dish at a restaurant chain in central Japan, bringing the total number of deaths in the past week to three, news reports said. The woman had eaten yukhoe, similar to tartare, at the same restaurant in Tonami, Toyama prefecture, where a 6-year-old boy had fallen ill and died Friday after eating the same dish, Jiji Press reported. The restaurant is run by Foods Forus Co, based in nearby Kanazawa.

Another boy died a week ago in Fukui prefecture after eating the same dish at another of the company's restaurants. Both boys were infected with E coli 0-111 strain. Jiji reported Tuesday that 56 other people were confirmed to be suffering from food poisoning after eating the same dish at four of the company's restaurants. The company said at a news conference that it had failed for the last two years to conduct hygiene inspections of raw meat supplied for the dish by a Tokyo-based wholesaler. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) \*Non-suspect case

**MURRAY VALLEY ENCEPHALITIS (AUSTRALIA):** 03 May 2011, A South Australian [SA] man has died of Murray Valley encephalitis (MVE). The Riverland man, 27, was taken to hospital with the mosquito-borne disease [virus] in March [2011]. "2 confirmed cases of MVE have been reported in South Australia this year, the 1st reported cases of locally-acquired MVE since 1974," SA Health chief medical officer Professor Paddy Phillips said in a statement. "It is with deep sadness that we announce that one of the people who contracted MVE has died." Professor Paddy Phillips said MVE is spread by mosquito bites and is not transmitted from person to person. He said most people infected by MVE experience no or mild symptoms, but in about one in 1000 cases symptoms can worsen to include neck stiffness, tremors, and seizures. Professor Phillips recommended people avoid exposure when mosquitoes are most active, cover up and use insect repellent. MVE has also recently been detected in Victoria and New South Wales. "SA Health continue to work with local councils on mosquito control programs but the best protection against MVE and other mosquito borne diseases remains not getting bitten by mosquitoes," Professor Phillips said. (Viral Encephalitis is listed in Category B on the CDC List of Critical Biological Agents) \*Non-suspect case

#### **OTHER RESOURCES AND ARTICLES OF INTEREST**

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.dhmh.maryland.gov/>

Maryland's Resident Influenza Tracking System: <http://dhmh.maryland.gov/flusurvey>

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**NOTE:** This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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